

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516791

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4						
5						
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10						
11						
12						
13						
14						
15						
16						
17						
18			1			
19			X			
20			X			
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47						
48						
49						
50						
TOTAL IND.			2			
				↓		
TOTAL DEP.		←	16	←		
					←	
TOTAL CLAIMS			18			
						↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
					↓	
TOTAL DEP.		←			←	
						←
TOTAL CLAIMS						
						↓